

2012

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 32	
1. PLACE OF DEATH							
COUNTY <u>Cochise</u>		STATE <u>ARIZONA</u>		REGISTERED NO.			
TOWNSHIP		OR VILLAGE <u>Pomerene</u>		OR			
CITY		NO.		ST.		WARD	
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)							
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED <u>29</u> YRS. MOS. DS. HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. MOS. DS.							
2. FULL NAME <u>Ellen C. b. Coons</u> HOW LONG IN STATE WHEN DEATH OCCURRED <u>68</u> YRS. MOS. DS.							
(A) RESIDENCE: NO. ST. WARD. (IF NO RESIDENT GIVE CITY OR TOWN AND STATE)							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>Cauc.</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lebbeus Ezra Coons</u>							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 8, 1877</u>							
7. AGE YEARS <u>62</u>		MONTHS <u>8</u>		DAYS <u>13</u>		IF LESS THAN 1 DAY, HRS. OR MIN.	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Housewife</u>							
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.							
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION					
12. BIRTHPLACE (CITY OR TOWN) <u>Salem</u> (STATE OR COUNTY) <u>Utah</u>							
13. NAME <u>Merlin Plumb</u>							
14. BIRTHPLACE (CITY OR TOWN) <u>Delaware</u> (STATE OR COUNTY) <u>Ohio</u>							
15. MAIDEN NAME <u>Mary Ann Clifford</u>							
16. BIRTHPLACE (CITY OR TOWN) <u>England</u> (STATE OR COUNTY)							
17. INFORMANT <u>Delia Coons</u> (ADDRESS) <u>Pomerene, Ariz.</u>							
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pomerene</u> DATE <u>Oct. 27, 1939</u>							
19. EMBALMER		LICENSE NO.					
FUNERAL DIRECTOR		SIGNATURE <u>Family</u>					
ADDRESS		<u>Pomerene, Ariz.</u>					
20. FILED <u>Nov. 10, 1939</u> <u>Dora F. Reeves</u> REGISTRAR							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Oct. 25, 1939</u>							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Called after death</u> , TO <u>1939</u>							
I LAST SAW H. <u>ALIVE ON</u> , 19 <u>5:35</u> P. M. DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>5:35</u> P. M.							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:							
<u>Unknown. Probably coronary thrombosis</u>							
DATE OF ONSET <u>Oct. 25, 1939</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:							
NAME OF OPERATION DATE OF							
WHAT TEST CONFIRMED DIAGNOSIS <u>History</u> WAS THERE AN AUTOPSY? <u>No</u>							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY, 19 <u>1939</u>							
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE							
MANNER OF INJURY							
NATURE OF INJURY							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>							
IF SO, SPECIFY <u>A. Y. Shann</u> M. D. <u>Benson Ariz</u>							